

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Nguyen et al.

Attorney Docket No.:
NSC1P131X1/P04314P01

Application No.: 10/080,913

Examiner: Dana, F.

Filed: February 21, 2002

Group: 2814

Title: METHOD AND APPARATUS FOR
FORMING AN UNDERFILL ADHESIVE
LAYER

Confirmation No. 1176

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on December 9, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: _____

Agnes Spence

AMENDMENT C – AFTER FINAL

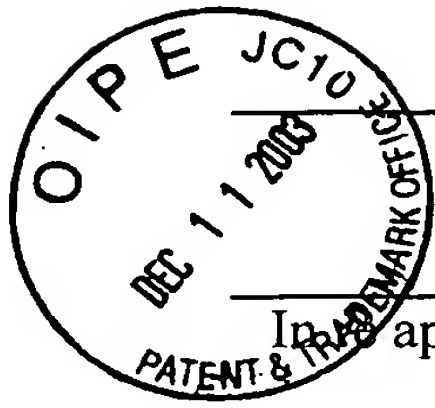
Mail Stop Non Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 22, 2003, please consider the Applicants remarks as follows:

The **Claims** are listed on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.



Image

AF/14
2814

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AMENDMENT TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	25	MINUS	25	0	x 9 =	x 18 = 0
Independent Claims	2	MINUS	3	0	x 43 =	x 86 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
Total					\$	\$0

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. NSC1P131X1).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

James W. Rose
Reg. No. 34,239

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